NETWORKING PATTERNS

USING PLA FOR OBTAINING SENSITIVE INFORMATION

GEN-100
N97

Dr. Ravi I. Jayakaran

World Vision of India

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Community Health Library and Information Centre (CLIC)
CPHE - SOCHARA
Koramangala
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Introduction

While preparing the ground work for the Sexual Networking Pattern studies which we carried out in Navapur, (Dhule District) we had to look for non-threatening techniques to obtain the sensitive information we were planning to get.

PLA presented itself as the most suitable methodology for obtaining the information. This booklet carries examples of some of the methods used and also a description of how to use them. The findings obtained are also discussed for understanding how the information can be useful. The method can also be useful for FGD (Focus Group Discussion) carried out for KPA (Knowledge, Practice, Attitude) and KPB (Knowledge, Practice, Behavior) studies.

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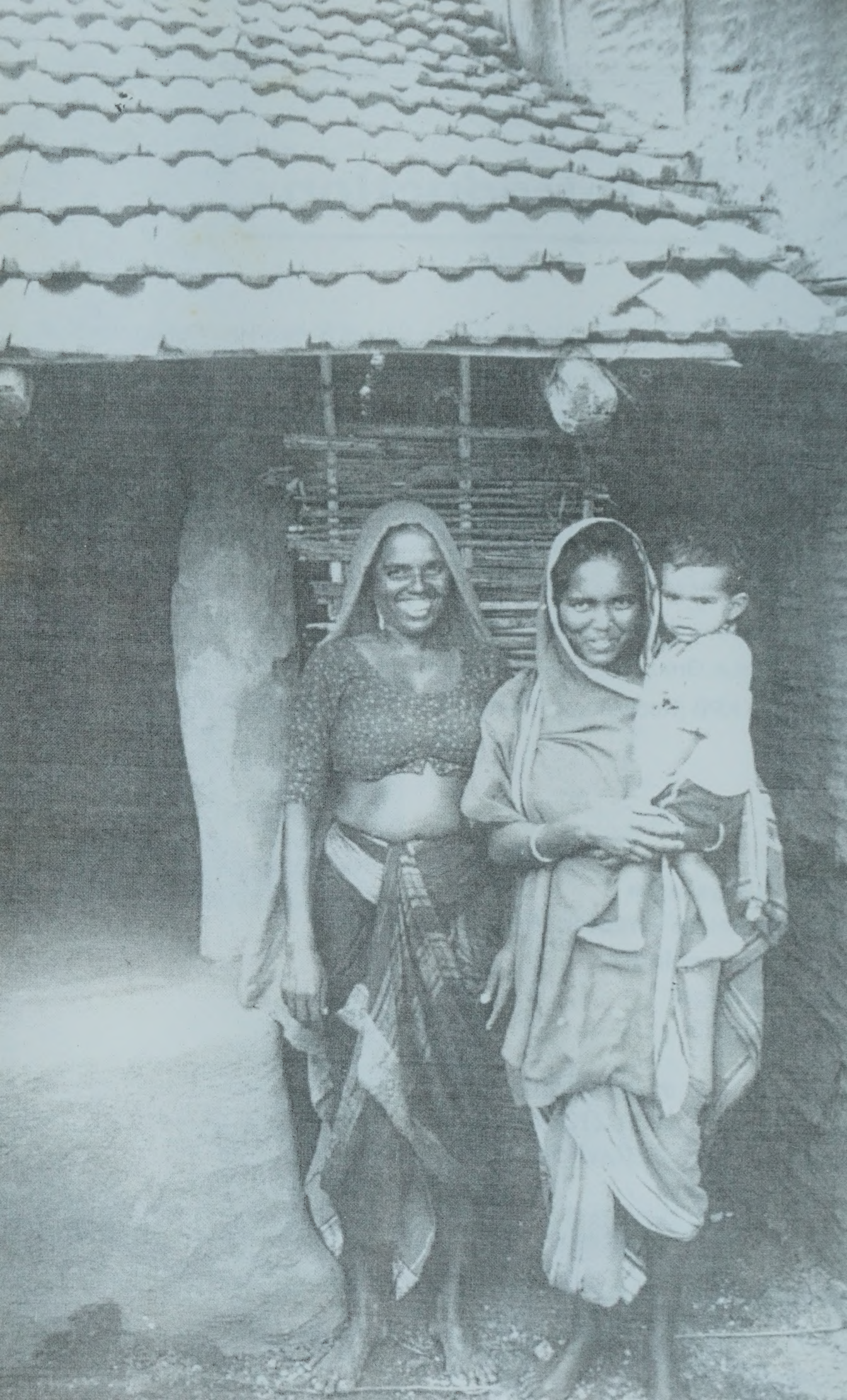
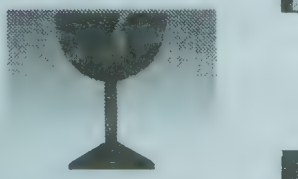


Using PLA in Sensitive Situations



There are several advantages in using PLA. To begin with, the method is a visual one which allows for even those who are not literate to contribute to the discussion usefully. Further, when a visual method is used, automatically the Right Brain functions get activated. This is the part that uses visualized form of information. While the Left Brain function is basically analytical, the Right Brain function uses both the conscious and subconscious brain functions for analyzing the information. Thus the capacity to measure, assign and analyse involves the use of much larger faculties of Brain Power.

Besides the above, the other advantage is that the information is provided using a visual picture or counted using objects such as seeds or stones. This makes it easier for the community to give information that is sensitive, because they are not actually giving the names of the persons they are discussing about. This makes it very non-threatening and the group does not feel uncomfortable as when using a direct questionnaire.

The following PLA exercises can be used to carry out studies on Sexual Networking patterns:-

0.1 ✍ Time line
0.2 ✍ Family line
0.3 ✍ Trends analysis
0.4 ✍ Matrix ranking of health seeking behavior
0.5 ✍ Seasonality
0.6 ✍ 10 seed technique for estimating multi-partner sex in the community.
0.7 ✍ 10 Seed technique for KAB
0.8 ✍ 10 Seed technique for estimating alcoholism in the community
0.9 ✍ 10 Seed technique for estimating expenditure pattern

0.10 ✍ Community description of promiscuity (multi-partner sex)
0.11 ✍ Community description of CSW
0.12 ✍ Causal diagram for becoming CSW
0.13 ✍ Profile of a promiscuous/loose woman
0.14 ✍ Local Treatment for hidden diseases

It must be remembered that before proceeding with the exercises sufficient interaction should be there with the community for building up rapport. Then after suitable introduction has been made to the community that the purpose is to learn from them about their life styles, we proceed to collect the information.

In the following pages there is a description of how to carry out each of the exercises and the type of focus group that would be ideally suitable for the exercise. It is assumed that those who intend to use this booklet are already familiar with the basics of PLA as outlined in the PLA User Guide & Manual produced by World Vision of India.

❧ ❧ ❧

Time Line of a village in Maharashtra.

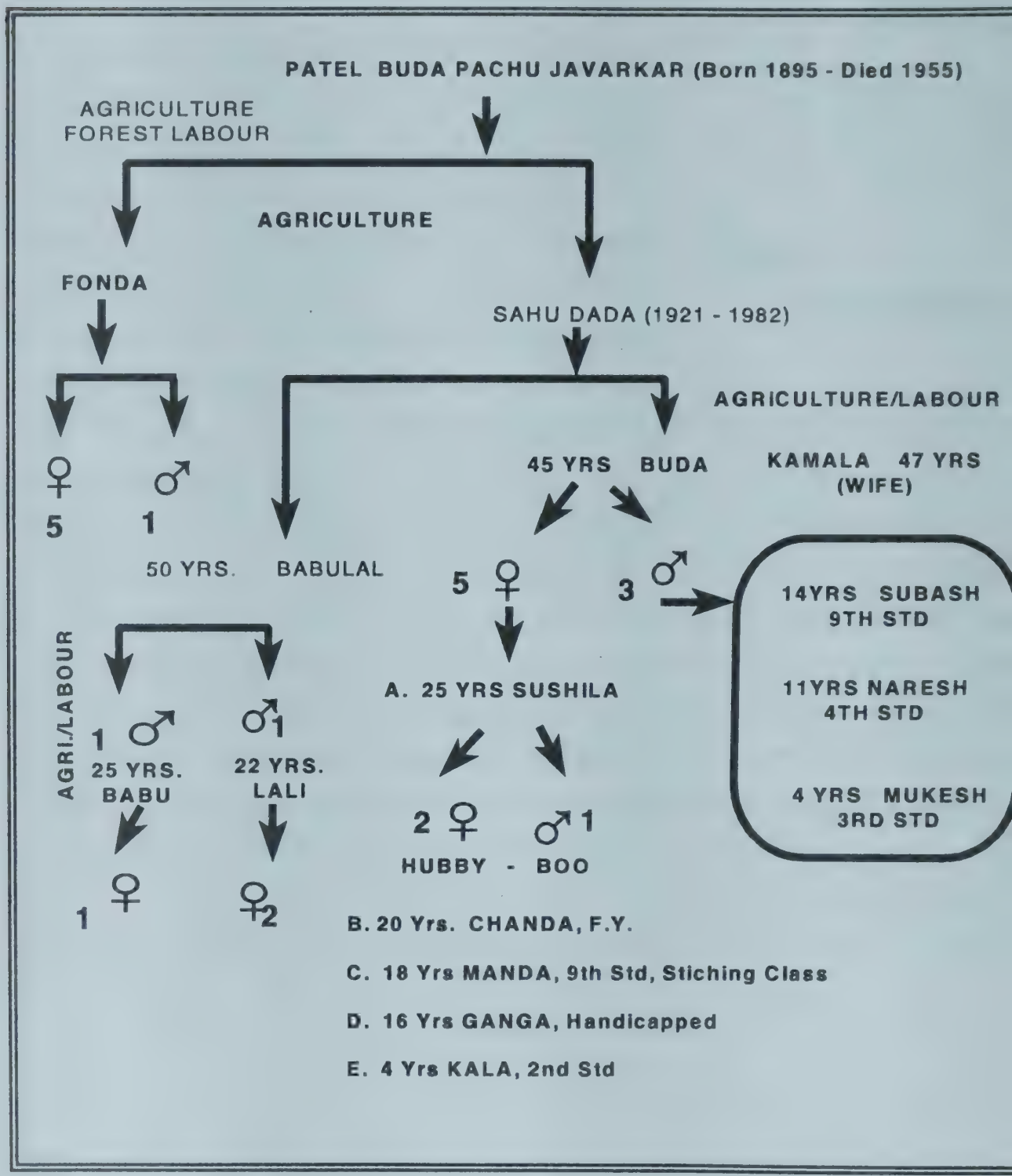
Time	Events
1895	People very poor, not enough clothes to wear.
1905	Regime of King Gauwali.
1935	Men & Women both consumed alcohol.
	Dangerous disease hit the animals killing them called "Surra" (Trypanasomiasis).
	Spread of small pox, cough and fever in men & women.
1940	No. of Houses only "12".
1945	First commencement of brickkiln.
1947	Distillaries started (Local Country liquor).
1967	First Gramapanchayat came up after the seperation of Gujarat and Maharastra.
1973	Heavy rains, destroyed a Railway bridge & Paddy crops.
1976	Migration in non-agriculture season increased.
1980	1st Motor car entered the village. This belonged to Mr.Champak Sahukar.
1982	1st well constructed.
1986	'Below poverty line' cards distributed.
1990	1st Hand pump dug for drinking water.
1991	Village electrification completed.
1992	Cultivation of sugarcane - as cash crop.
1992/93	1st youth of the village got selected for M.B.B.S.
	Poultry farming started.
	1st ration shop opened in the village.
	World Vision intervention, started off several development activities.
1994	Distilleries reduced, alcohol consumption also decreased.
	1st Primary health centre in the village.
	Several people who migrated to Gujarat returned

TIME LINE

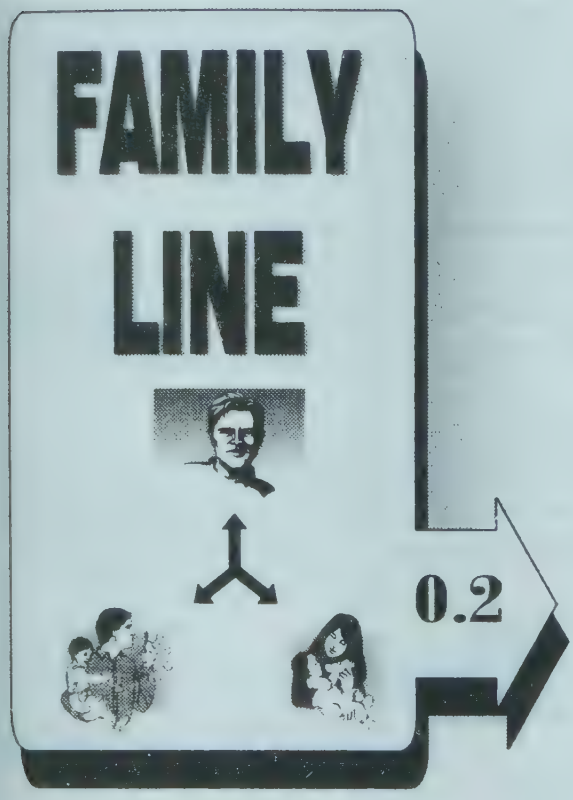
0.1

Just as in a Standard Time line exercise it is critical to contact some of the oldest people in the village for this exercise. The focus group will thus be predominantly of older men and women. Since this is the first exercise being conducted with the community it will also serve as a sort of ice breaker and rapport builder. The community members, particularly the older ones are asked to remember and talk about the major events that they have heard about and remember of their village. This information is noted down in a visual form on the ground or on a paper so that everyone can be a part of the discussion as well as to add to it and correct it. When information on the start of migration comes up as well as festivals where there is lots of drinking, one does a little more exploration by asking the community to elaborate. Similarly exploration is also done when information on increase in transportation outside the village comes up. Community behavior changes drastically when they begin to migrate to the city, when they begin to access the outside world (because of Roads/Railway connection) and upon the introduction of new festivals. The time line thus helps us outline when these occurred.

Family Line of Mr. Buda Pachu Javarkar, of a village in Maharashtra



FINDINGS : EUDCATED FAMILY, POOR, WANT TO EDUCATE CHILDREN



This exercise also helps build rapport with the community. When the information gathered in this exercise is compared with that in the Time Line the effect of migration and other influences of change on the family can be seen. While conducting this exercise the focus group should be a mixture of old and middle age community members both male and female. A family tree is drawn on the ground on paper and the parents and children shown on it. This should be done till atleast 3 to 4 generations. Details of migration, any other information the community is willing to pass on are also noted down.

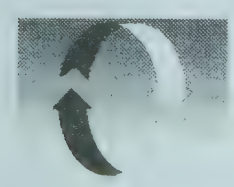
Changes in the family at the crucial times indicated in the Time line such as when migration started, festivals began, road construction, railway line construction are noted for future reference.

▼ ▼ ▼

General Trends Analysis of Village in Melghat, Maharashtra

PAST	PRESENT
HOUSING 1. Bamboo frame & Mud 2. Roof with Grass & Teak Leaves 3. Kitchen & Staying common 4. Aagan (entrance) plastered with cow dung 5. 3 to 4 Houses in 1940 & 25 to 30 in 1970	**HOUSING** 1. Mud & Cowdung 2. Roof with Mangalore tiles 3. Kitchen & staying seperate 4. Veranda cowdung & mud 5. 90 Houses now.
FAMILY More children per family. Mostly joint families.	**FAMILY** Toward nuclear families. More or less equal number of girls and boys. People get vasectomised after 2 - 3 children are born.
MARRIAGE Child Marriage, 6 years onwards & arranged only	**MARRIAGE** Less child marriage, 16-15 years onwards & love and aranged
CULTURE **CLOTHES** - Dhoti, Pagdi/Pheta, Kashta, **ORNAMENTS** - Silver, Copper, Brass Jewellery (thick chunky), **MUSIC** - Dhol, Flute, Folk Dance, **ALCOHOL** - Mahua, Less of alcohol use though many Mahua Trees, **NAMES** - Traditional, **FESTIVAL** - Holi, Pola Diwali, **EATING HABITS** - Good patti, Local Fruits, Bhakri, Chutney, Kutaki, Jugani, Coffee Seeds , **UTENSILS** - Mud, Wooden, Copper, Brass, **FURNITURE** - Wooden cots no chairs	**CULTURE** **CLOTHES** - shirt, pant, sarees, frocks, skirts, wrist watch, **ORNAMENTS** - Silver, Beads, Artifical Glittering Jewellery (Thin), **MUSIC** - Radio, Loud Speakers, Film Music, Modern Dance, **ALCOHOL** - less people Use Mahua, **NAMES** - Modern, **FESTIVAL** - Christianity (RC) introduced, Christmas, Mela (Feb), **EATING HABITS** - Ice cream candy, Biscuits, Rice Dal, vegetables, Kutaki, Jugani Coffee Seeds, **UTENSILS** - Steel, Copper, Plastic, **FURNITURE** - Iron Made Chairs.
HEALTH Bhagat, God Muthwa, Witch Doctor, Jadi Booti, (Herbal medicine) treatment was cheap	**HEALTH** Health concious, PHC, Doctors Treatment is costly.
TRANSPORT By foot, bullock cart. Travel was cheap.	**TRANSPORT** Bus, Jeeps, cycle, tractors. Travel is costly.
RELIGION Hindus, no discrimination in religion. Yatras were conducted	**RELIGION** Hindus, Christians, Discrimination between Hindus and Christians (RC), no yatras conducted.
MIGRATION Less. People found sustenance locally.	**MIGRATION** Increased. People go to neighbouring states in search of jobs.

TRENDS ANALYSIS



0.3

This exercise is carried out to find out from the community what major changes have taken place in the community over a period of time. The focus group here is again predominantly of older men and women but with a mixture of middle aged and young people. The group is asked to list the things that have changed over the last 20-30 years. These are visualized by drawing or using representative items on the paper and then community is asked to explain what has changed in these areas. During discussions special efforts are made to find out more on increase in alcoholism, festival celebration, migration, spending patterns etc. While taking to the group there will be issues during which there might by extra giggling and exchange of glances. These can be noted for further exploration.

Matrix Ranking of health seeking behaviour

DISEASES	HOME REMEDIES	ROAD SIDE HEALERS	MEDICAL DOCTOR	MEDICAL STORE	BHAGA
COLD & FEVER	1		2		3
DIARRHOEA	1		2		
SCRATCHING	1		2	2	4
RHUMATISM	1	5	2	2	4
MALARIA			1	3	2
FLU			1	2	
TYPHOID	1		2	3	4
TB			1	2	3
LEPROSY			2	3	1
HIDDEN DISEASES	1	4	2	3	
STD/HIV		4	1	2	3
GENERAL	4	5	1	2	3

MATRIX RANKING

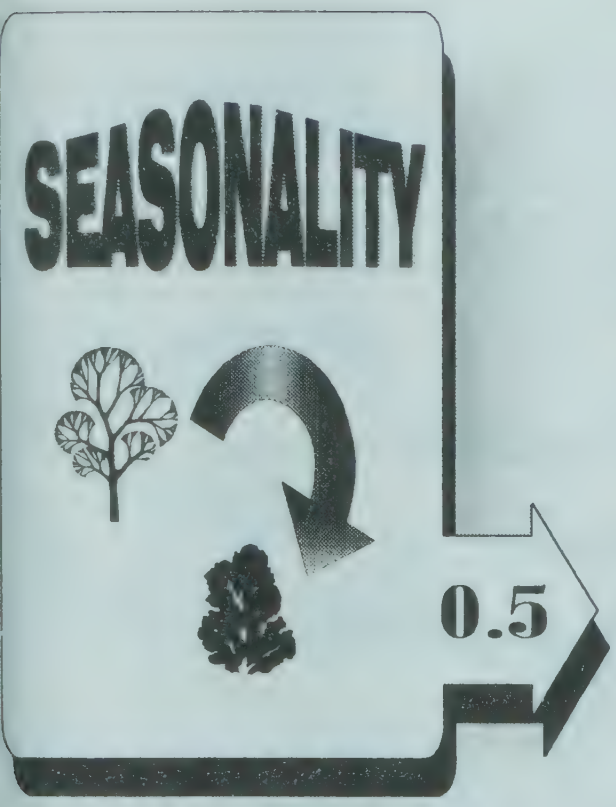
of Health Seeking Behaviour

0.4

The focus group for this exercise is a mixture of middle aged and older people. The means of treatment used in the community are listed and these are visualised by diagrams or objects representing them in a horizontal line. On the left side a list of diseases common in the community are listed (again as diagrams or using representative objects). While finding out about diseases if hidden diseases (usually STD etc.) also come up freely this should be listed. In case this exercise gets too sensitive, it can be followed up by one with a male group and a female group seperately. The information collected is then discussed with the community for triangulation and additions. The person with whom they seek treatment can then be visited to get futher information. Good information givers in the groups can be identified for further questioning on an individual basis.

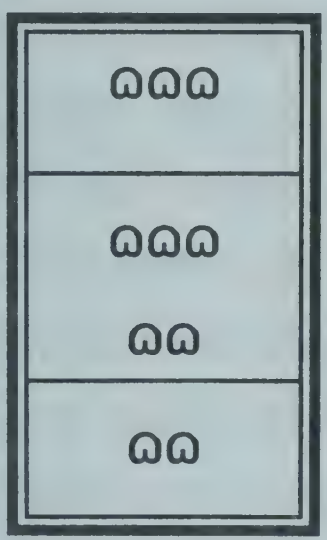
Seasonality of Various Events in a Village of Maharashtra

SEASONALITY OF....	MONTHs											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
RAIN						❀	❀❀ ❀	❀❀ ❀❀	❀❀			
FESTIVAL		Gimdev	Paludia (Rasart Pardan)		Naduke	Vagdev	Navgo	Dasuera	Diwali			
PADDY						❀❀ ❀	❀❀		❀❀ ❀❀			
INCOME								❀			❀❀ ❀❀	
LOAN					❀❀ ❀❀			❀❀❀				
CONFLICT								❀❀❀			❀❀❀	
DISEASE								❀❀❀				
WORKLOAD (FARM)						❀❀ ❀❀	❀				❀❀ ❀❀	
WORKLOAD (DOMESTIC)	❀	❀	❀	❀	❀	❀	❀	❀❀❀	❀	❀	❀	❀
CALVING										❀❀❀	❀❀❀❀	
Times when Children are not going to school								❀❀ ❀❀	❀❀			



This exercise is done with all age groups available for participation. After laying out the 12 main stones to portray the months of the year the group is encouraged to use seeds of different colour to show the rainfall, the festivals, alcohol consumption, the agriculture season, the conflict times, the marriage season, the time of migration, the disease incidence, the times of surplus and shortage etc. While discussing the alcholol consumption, times of surplus and times of disease, one explores further to find out more about these issues to find out about possible sexual networking practices. If this information doesn't come through very easily it might be necessary to continue with a selected few from the main group to find out the information that is sensitive. The seasonality diagram helps point out the interelation between promiscuous behaviour and other seasonal events. It can also show times when promiscuity occurs in the community.

Example of 10 seed technique carried out in a slum in Bombay to estimate multi-partner sex in the community



FREQUENT MULTI-PARTNER SEX
(Regular/compulsive)

OCCASIONAL MULTI-PARTNER SEX
(Once in a while)

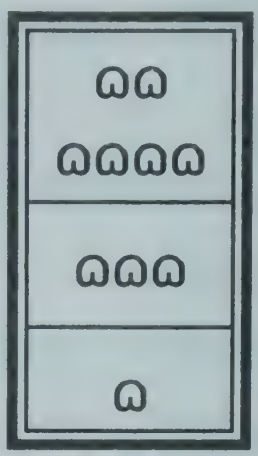
NO MULTI-PARTNER SEX
(Faithful to their spouses.)

10 SEEDS TECHNIQUE for estimating promiscuity in the community

0.6

The 10 seed technique is a very powerful visual method for carrying out rapid estimation of various practices. It has a wide range of uses as will be seen from subsequent chapters. In this particular exericse the community is given 10 large size seeds after rapport has been established. They are told to visualise the 10 seeds as representing the entire community whose behaviour estimation is being done. Then they are aksed to give criteria as shown in the sides of the boxes to show the range of types of behaviour. This might lead to 3 or 4 boxes being made. The group is now asked to distribute the 10 seeds into these boxes according to the behaviour in the community. Since the number of seeds is limited to 10, the shifting from one box to the other mutually neutralises the error of the other group, giving a fairly accurate picture of the community.

Example of 10 seed technique used for rapid estimation of AIDS awaremness in a community in Bombay where an AIDS awareness programme is in progress

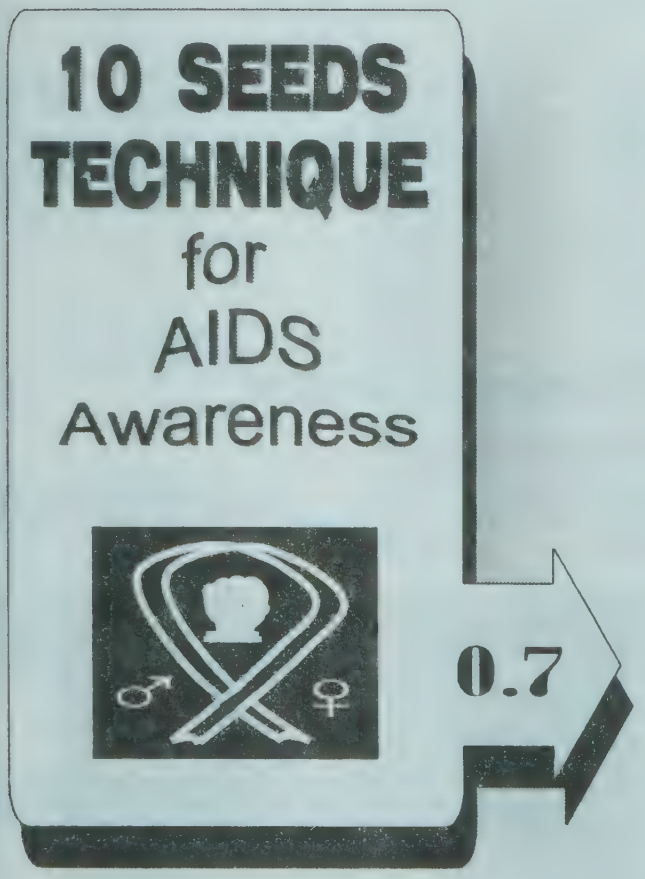


FULLY AWARE ABOUT AIDS
(know all about how it spreads and how to prevent it)

PARTIALLY AWARE ABOUT AIDS
(know something about it but not fully clear)

UNAWARE ABOUT AIDS
(Know nothing about AIDS)

Rapid Estimation of Impact of Behaviour Change communication intervention for AIDS



Once the grouping is done, the community can be asked for examples of persons who would fit into each group including asking for a profile of who they might be. The same community can then be asked what method was effective in the first group and how it can be modified to more effectively work with the 2nd and 3rd groups to bring a clear understanding about AIDS. The same method can be used to move back in time with the group and ask them to show what the picture was like before the project started. The example of this can be seen in the next chart. The difference can be clearly seen as the impact of the programme. This canthen be used for further discussion by asking the community what must be done to increase the percentage of fully aware persons. Also the community can be asked to define what they mean when a person is 'fully aware'. Strangely when discussing with the group in this case their explanation was unique. They put into the first group those who knew about AIDS and had changed their behaviour. The second group according to them were those who knewhow AIDS spreads but still continued in their old ways but used 'precautions'. The final group was of those who knew about AIDS but still continued to practice unprotected high risk behaviour. The community had made a unique blend of Knowledge, Attitude and Behaviour in their estimation!

Example of 10 Seeds Technique for doing rapid assessment for KAB on AIDS

	NGO's Knowledge about AIDS		NGO's Attitute to do something about prevention		Behaviour of the community
Full Knowledge of AIDS	ΩΩΩ	+ VE (POSITIVE)	ΩΩ	High risk Behaviour	ΩΩΩ
Partial Knowledge about AIDS	ΩΩΩΩΩ	+/- VE (NEUTRAL)	ΩΩΩ ΩΩ	Medium risk behaviour	ΩΩΩΩΩ
No Knowledge about AIDS	Ω	- VE (NEGATIVE)	ΩΩΩ	No risk behaviour	Ω

10 SEEDS TECHNIQUE

for *estimation* of *Knowledge, Attitude & Behaviour*

0.8

The 10 seed technique can be used for a very wide range of applications for rapid estimation. This exercise consists of a method of estimating the AIDS awareness levels of the staff of the NGO in the community where it operates and the attitude of the staff in general (of the organisation) to carrying out Behaviour Change Communication Interventions in the community. As related for the exercises 0.6 and 0.7, the exercise was conducted with the staff of the NGO first to find out about their knowledge of AIDS and their attitude towards having the Behaviour Change communication programmes. This was followed up by conducting the exercise with the community tofind out about their behaviour.

The information from the combined results was very relevant to the decision makers in the NGO who realised that there were many staff in their organisation who had a negative attitude towards doing anything about AIDS. Obviously this was why it was difficult to introduce preventive programmes for AIDS. As a therapeutic measure the larger group was shown the three findings and it was discussed in detail. The staff recognised the serious needs in the community and how their attitude was becoming the stumbling block. They were thus more willing to discuss openly their own personal reasons for the negative attitude and have some of their doubts cleared. As variations, the three exercises could be conducted in the community itself for estimting Knowledge, Attitude and Behaviour.

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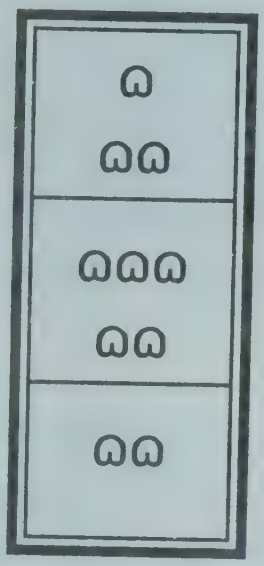
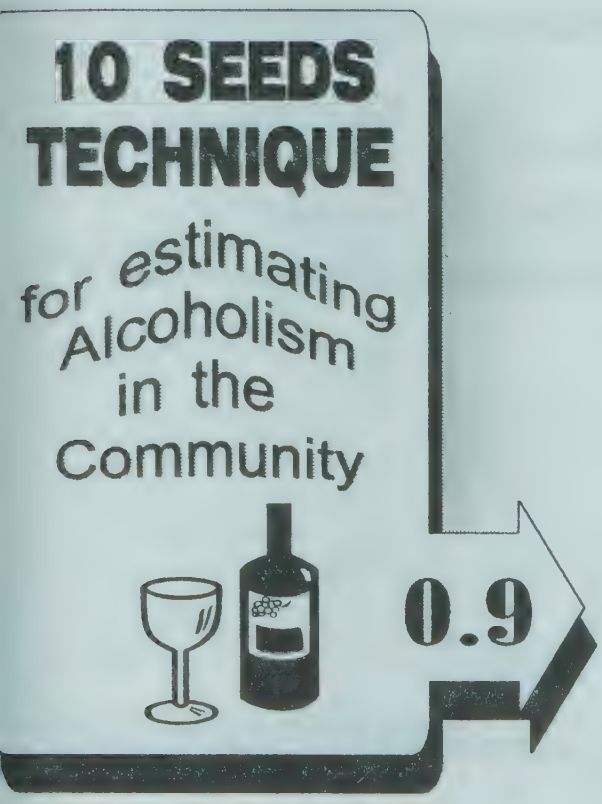
Example of
Rapid Estimation of
Alcoholism in a slum in Bombay



Regular Consumers of Alcohol
(Daily)

Occasional consumers of Alcohol
(2 - 4 times a month)

People who don't consume alcohol at all.

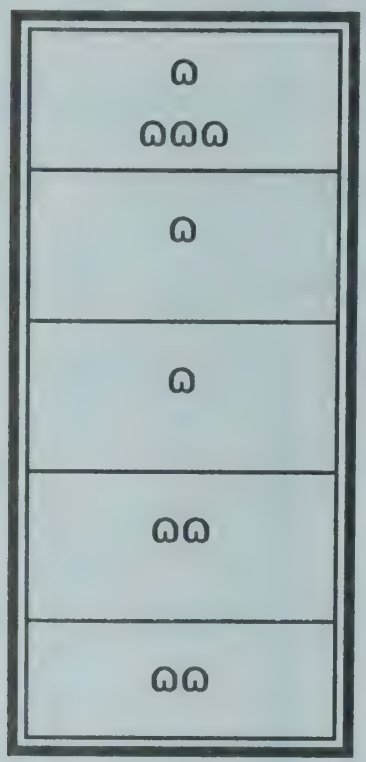


Similar to the exercise 0.6 the community is asked to define the frequency of Alcohol Consumption in the community. As in the example on the facing page the focus group stated that the community could be divided into three groups,

- the regulars
- the occasionals and
- ones who never consumed alcohol.

These categories were then drawn on a piece of paper and they were given 10 seeds and asked to consider these as the full commuinty and distribute the seeds accordingly into the three boxes. Based on discussions, corrections and modifications the final picture was as seen in the diagram. It was possible from here on to find out more details about who were the people in different groups.

Example of Rapid Estimation of Expenditure Patterns in a Community (Rural)



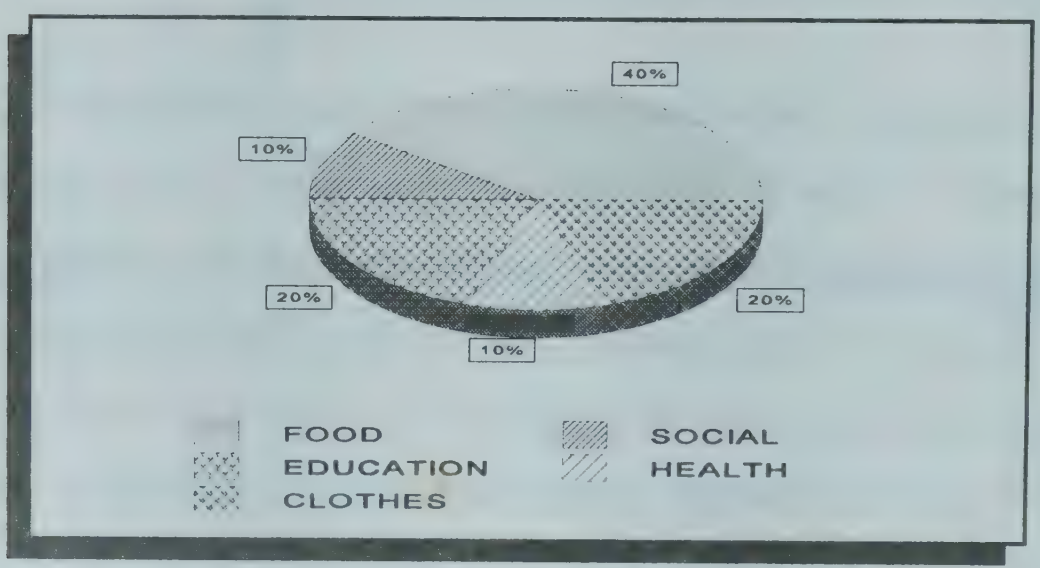
FOOD

HEALTH

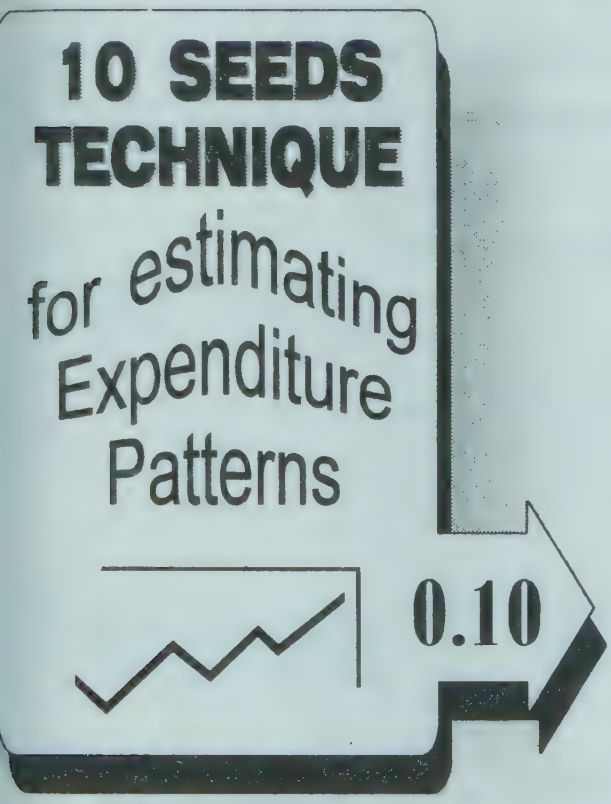
SOCIAL COMMITMENTS AND ENTERTAINMENT

EDUCATION OF CHILDREN

CLOTHES

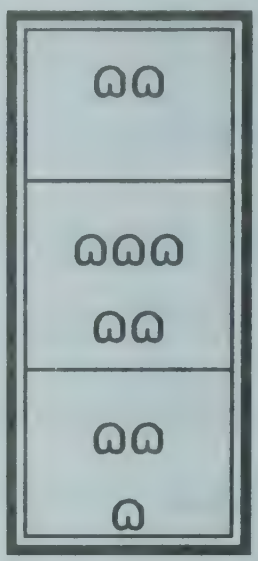


10 SEEDS TECHNIQUE for estimating Expenditure Patterns



The Focus Group is given 10 seeds and asked to imagine that this is the total money available for an average family's Annual Expenditure. A little explanation is necessary in Rural communities to explain that while doing this they must also take into account the food materials available to them in kind. The group is asked to first list all the areas of expenditure as in the box columns on the facing page. Then they are asked to distribute the 10 seeds in those different boxes. Patterns of expenditure can be studied for finding out general behaviour patterns in the community. A high amount spent on entertainment or alcohol strongly indicates possible promiscuity in the male as well as indicates the possiblity of the spouse having to indule in part time CSW activity to make ends met.

Example of
Rapid Estimation of faithful relations
in a slum Community among married couples

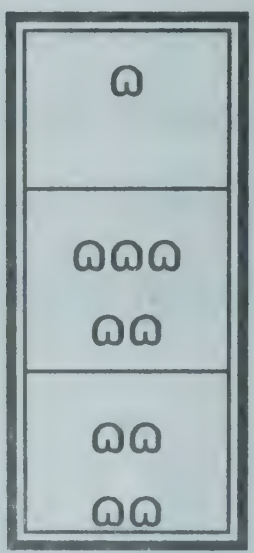


ALWAYS FAITHFUL

SOMETIMES FAITHFUL

NEVER FAITHFUL

Example of
Rapid Assessment of Promiscous Behaviour
in young males in a slum



ABSTAIN FROM SEXUAL RELATIONSHIP TOTALLY

OCCASIONALLY HAVE RELATIONSHIPS WITH THEIR GIRL FRIEND

REGULARLY HAVE RELATIONSHIP WITH DIFFERENT GIRLS AND ALSO CSWs

Community Description of Promiscuity

0.11

Often our understanding of what consitutes promiscuity may be different from what the community considers to be promiscuity. Thus in an exercise similar to that done in 0.6, we use the 10 seed technique. The focus group should be made up of those who have been responding well to the questions. The group is asked to imagine that the 10 seeds constitute the entire community which is married. They are then asked to classify the seeds into different boxes which they are asked to classify in terms of faithfulness to their spouses. The group is asked to define what faithfulness is and then asked to define what they mean when a person is considered to be "not faithful". Exploratory discussion continue on the subject to find out when they consider a person to be promiscous. The community usually has special names for such people which can be noted down. Later as rapport builds and the group gets involved in the discussion, they are asked about the 'matured' young people who are not yet married; and asked to classify them too. The classification may come as quite a shocking revelation as one sees the high degree of exposure that the young people are subject to. The peer pressure to conform may sometime be so strong, that those that choose to 'hold out' may find it very difficult to resist. Here too we proceed to ask for a description of promiscuity forthe two groups and find out what names they give to such a person. It is useful to use such names for eliciting further information, because the community thenunderstands exactly what is meant.

Local Description of CSW as mentioned by the Community

S.No.	Local Description	Indication
1.	VESHYA	A woman who provides her body to anybody fo money.
2.	CHINALI	A woman who is not satisfied in sex with one partner
.3.	BHADKHAI	➳ A woman who provides girls or women t customers and takes some money from th customer. ➳ Also one who 'attracts' a rich person and 'captures' his wealth.
4.	FAJILBAI	A woman who talks irrelevant things. (This is a loose description of a CSW).
5.	BOULALI/ RANGALI	A woman who does not fulfil her word. Rangali also means the same and are used as loose descriptions o CSWs
6.	KISMILYA	A woman who provides her body for money by her own initiation (without 'Gharwali' or 'Madam' supervising her).
7.	FATANG	A woman who wanders 'here and there'

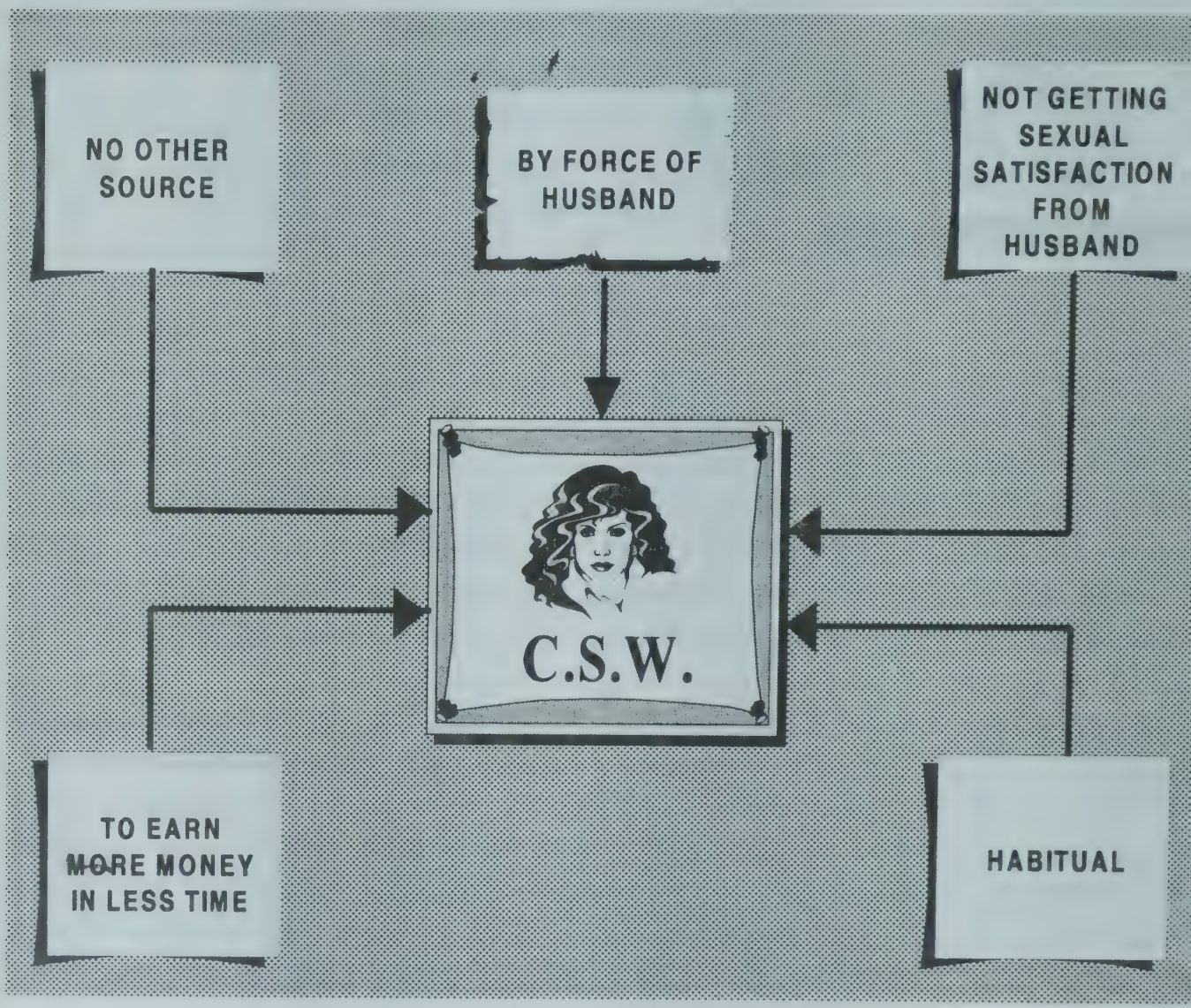
Community Description of C.S.W.

0.12

This exercise is done to find out how the community describes a C.S.W. (Commercial Sex Worker). Again this has to operate in the form of a 'spin off' exercise from discussions on promiscuity. The community focus group is asked if there are CSW's in the community or its vicinity. If the answer is in the affirmitive they are asked to define how they know this is so. The group then comes up with the reasons fo them considering a women in the community to be a C.S.W. If it is possible to make a simple diagram of a woman on a piece of paper, the group is then asked to describe the special indicators by which they know. One must remember that the indcators will vary from one culture to the other, for instance in one culture a woman wearing strong smelling flowers in her hair daily shows that she is a CSW, while in another culture this is a sign for a married woman! Other indicators like loud makeup, bright lipstick, tight fitting clothes, continuous chewing of betel leaves, calling attention to oneself etc., soon emerge as one continues to explore.

The group is then asked what names they use to refer to such women, and amidst laughter and sniggering, the names given soon come out. These are usually daily-use words but which within the community have a double meaning. For example in one community the word for a CSW was "Dhande wali" (which being translated means 'a woman who does business'). This exercise helps us find out names that would make it easier for the community to know what we mean when discussing with them.

Causal Diagram for becoming CSW/Prostitute



CAUSAL DIAGRAM

for becoming a C.S.W.

0.13

This exercise is done to find out why women have become CSWs (Commercial Sex Workers). The name used locally to define a CSW is written in the centre of a paper and a diagram also drawn if possible according to the community's description of a C.S.W. The group is then asked to list some of the reasons why a woman has taken to this profession. These reasons are written in little blurbs around the first one and arrows marked to show what leads to what. Each of these reasons is then further explored till we reach the root cause. Such causal diagrams help understand the circumstances that compel women to take this extreme step. The Focus Group for this exercise can be one that is familiar with the CSWs or knows them well. Alternately it can be done with a group of CSWs themselves.

Predominant behaviour category	Seeds	PERCENTAGE	Profile of Persons	Frequency of money receipt by husbands	Alcohol consumption by husbands	Wife's Behaviour in neighbourhoo
Highly Promiscous	ʚ ʚʚ	30%	Wives of Autoricshaw, Taxi and Truck Drivers	Daily	Daily	Extremely friend with neighbours
Occasionally Promiscious	ʚʚʚ ʚʚ	50%	Wives of Masons and construction workers and causal labourers	Weekly	Weekly	Almost no conta with neigbhours she also goes work
Not Promiscous	ʚʚ	20%	Wives of permanent employees in companies	Monthly	Monthly	Averag relationaship wi neighbours

PROFILE of a Promiscous Woman

0.14

It is interesting conducting this exercise in the community because the extent of knowledge the community has about each individual's behaviour is surprising. For example those women who cheat their spouses by having extra-marital relationships were observed by communities to be very friendly with their immediate neighbours and go out of their way to even send them 'sweet meats' and eatables at regular intervals. They also tended to give their children lots of money to spend and were very fond of going out. The community also observed that such women also took great care to feed their husbands well when they were at home. At the same time there were others who were lower on the poverty scale whose behaviour patterns were very different.

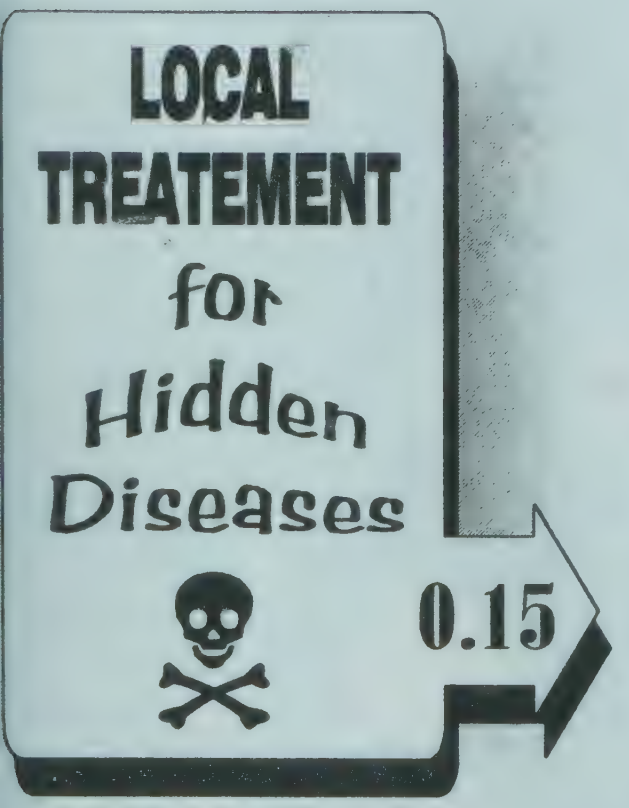
Contd..➠

Behaviour category	Seeds	PERCENTAGE	Risk Status	AIDS Awareness Coverage	Precaution taking	Access for BCC	Ranking o Overall risi considerin everything
Highly Promiscous	ʚ ʚʚ	30%	High Risk	Maximum	Regular	Fairly easy	2
Occasionally Promiscious	ʚʚʚ ʚʚ	50%	Medium Risk	Minimum	Rarely	Very difficult to contact	1
Not Promiscous	ʚʚ	20%	Low Risk	Maximum	Regular	Easy to contact	3

In such cases the contact point for passing on useful AIDS prevention messages had to be totally different. Further as we are now finding the groups that we thought were the highest risk have now benefitted from the BCC interventions and have gone in for modified behaviour. However the groups that were occasionally promiscuous like masons, construction workers, and casual labourers are now emerging as the highest risk group because of their emerging behaviour patterns. Since both husband and wife work, they are not available till late at night for BCC contact, and anyway by this time they are in no mood to listen to AIDS awareness messages. Further, the opportunities for liason with other partners come at times which are not easily anticipatable and thus precaution may not always be possible.

Sl. No.	Local name of the Condition	Name in English	Symptoms	Treatment
1.	Attargolo	Hydrocele	Swelling of Testicle	Herbal reatment
2.	Garmi	Syphilis	Itching, rashes, and burning sensation around the private parts	- Do-
3.	Parmalo	Gonorrhea	- Do -	-Do-
4.	Khujli	Scabies	Boils & itching	"Neem", "Haladi",

LOCAL TREATEMENT for Hidden Diseases



This exercise is conducted with different focus groups of men and women to find out the local name of the 'GUPT' (hidden) disease and the local treatment for the same. While promiscuous behaviour may be common in a community talking about sex and sexually transmitted diseases is usually taboo. Most people don't like to talk about diseases "below the belt" and even when they do visit the doctor, they talk only about the secondary symptoms rather than the primary ones. This is an exploratory study and the focus group is asked to name the condition (local names), the symptoms and finally the treatment they take for it. The group is asked to actually show a sample of the leaf herb or medication and asked to describe how it is prepared and the frequency of application. This exercise coupled with the one on matrix ranking of health seeking behaviour can help understand who the health providers are who would be consulted under the circumstances. It is also easy to thus find out what the misconceptions are in relation to S.T.D. (Sexually Transmitted Diseases) and thus also to HIV/AIDS.

CONCLUSION & SUMMARY

The exercises mentioned in this booklet are a series that can easily be designed and practiced and through them a lot of information that is sensitive, can easily be collected in a non-threatening way.

The information thus gathered can help modify ongoing programmes and make them more pointed and effective. It is hoped that those who use this booklet will find it useful.

Ravi I. Jayakaran

World Vision OF INDIA

World Vision of India is a part of the International Partnership of WORLD VISION which operates in over 100 countries around the World. World Vision of India has been at work in India for over a quarter of a century. Through over 500 projects World Vision of India carries out child-focussed integrated Holistic Development. These projects are of a wide variety ranging from

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- Special Projects,
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- and AIDS awareness
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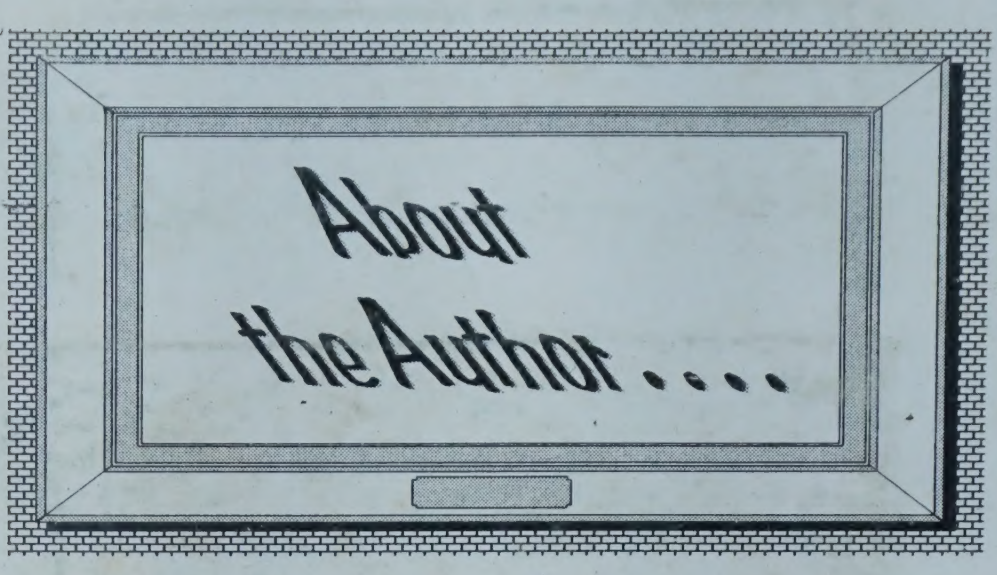

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